



## Modified HMO (CaliforniaCare) H2S

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits. This proposed benefit summary is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care

Anthem Blue Cross HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA), except services provided under the "ReadyAccess" program, OB/GYN services received within the member's medical group/IPA, and services for all mental and nervous disorders and substance abuse. Benefits are subject to all terms, conditions, limitations, and exclusions of the Policy.

**Annual copay maximum:** Individual \$1,000; Two-Party \$2,000; Family \$3,000

The following copay does not apply to the annual copay maximum: for infertility services. After an annual copay maximum is met for medical and prescription drugs during a calendar year, the individual member or family will no longer be required to pay a copay or coinsurance for medical and prescription drug covered expenses for the remainder of that year. The member remains responsible for non-covered expenses infertility services.

Covered Services	Per Member Copay
<b>Inpatient Medical Services</b>	
➤ Semi-private room or private room if medically necessary; meals and special diets; services and supplies	No copay
➤ Special care units	No copay
➤ Operating room and special treatment rooms	No copay
➤ Nursing care	No copay
➤ Drugs, medications & oxygen administered in the hospital	No copay
➤ Blood & blood products	No copay
<b>Outpatient Medical Services</b> <i>(hospital care other than emergency room services)</i>	
<b>Ambulatory Surgical Center</b>	
➤ Outpatient surgery & supplies	No copay
<b>Skilled Nursing Facility</b> <i>(limited to 100 days/calendar year; limit does not apply to mental health and substance abuse)</i>	
➤ All necessary services & supplies <i>(excluding take-home drugs)</i>	No copay
<b>Hospice Care</b> <i>(Inpatient or outpatient services; family bereavement services)</i>	
<b>Home Health Care</b>	
➤ Home visits when ordered by primary care physician <i>(limited to 100 visits/calendar year; one visit by a home health aide equals four hours or less)</i>	\$5/visit
<b>Physician Medical Services</b>	
➤ Office & home visits	\$5/visit
➤ Preferred Online Visit <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	\$5/visit
➤ Retail Health Clinic	\$5/visit
➤ Hospital visits	No copay
➤ Skilled nursing facility visits	No copay
➤ Specialists & consultants	\$10/visit
<b>Short-Term Physical, Occupational, or Speech Therapy, or Chiropractic Care when Ordered by the Primary Care Physician</b> <i>(limited to a 60-day period of care after an illness or injury; additional visits available when approved by the medical group)</i>	
<b>Acupuncture</b>	
	\$5/visit

<b>Covered Services</b>	<b>Per Member Copay</b>
<b>Surgical Services</b>	
➤ Surgeon & surgical assistant	No copay
➤ Anesthesiologist or anesthetist	No copay
<b>General Medical Services</b>	
➤ Diagnostic X-ray & laboratory procedures ( <i>including mammograms, pap smears, &amp; prostate cancer screening</i> )	No copay
➤ Radiation therapy, chemotherapy & hemodialysis treatment	No copay
➤ Prosthetic devices	No copay
➤ Durable medical equipment including hearing aids ( <i>hearing aids benefit is available for one hearing aid per ear every three years; breast pump and supplies are covered under preventive care at no charge</i> )	No copay
<b>Preventive Care Services</b>	
Preventive Care Services including*, physical exams, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunizations, health education, intervention services, HIV testing), and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration. *This list is not exhaustive. This benefit includes all Preventive Care Services required by federal and state law.	No copay
<b>Health Education and Wellness Programs</b>	
➤ Specified immunizations	No copay
➤ Allergy testing & treatment ( <i>including serums</i> )	\$5/visit
➤ Selected health education programs	No copay
<b>Emergency Care</b>	
<b>In Area</b> ( <i>within 20 miles of medical group</i> ) <b>and Out of Area</b>	
➤ Physician & medical services	No copay
➤ Outpatient hospital emergency room services	\$50 /visit ( <i>waived if admitted</i> )
➤ Inpatient hospital services	No copay
<b>Ambulance Services</b>	
➤ Ground or air ambulance transportation when medically necessary, including medical services & supplies	No copay
<b>Pregnancy and Maternity Care</b>	
<b>Office Visits</b>	
➤ Prenatal & postnatal care	\$5/visit
➤ Complications of pregnancy or abortions	\$5/visit
<b>Normal Delivery or Cesarean Section, including:</b>	
➤ Inpatient hospital & ancillary services	No copay
➤ Routine nursery care	No copay
➤ Physician services ( <i>inpatient only</i> )	No copay
<b>Complication of Pregnancy or Abortion, including:</b>	
➤ Inpatient hospital & ancillary services	No copay
➤ Outpatient hospital services	No copay
➤ Physician services ( <i>inpatient only</i> )	No copay
<b>Abortions</b> ( <i>including prescription drug for abortion [mifepristone]</i> )	No copay
<b>Genetic Testing of Fetus</b>	No copay
<b>Family Planning Services</b>	
➤ Infertility studies & tests	50% of covered expense <sup>1</sup>
➤ Female Sterilization ( <i>including tubal ligation and counseling/consultation</i> )	No copay
➤ Male Sterilization	\$50
➤ Counseling & consultation	No copay
<b>Organ and Tissue Transplant</b>	
➤ Inpatient Care	No copay
➤ Physician office visits ( <i>including primary care, specialty care &amp; consultants</i> )	\$5/visit

Covered Services	Per Member Copay
<b>Mental or Nervous Disorders and Substance Abuse</b>	
➤ Inpatient facility care (subject to utilization review; waived for emergency admissions)	No copay
➤ Inpatient physician visits	No copay
➤ Outpatient facility care	No copay
➤ Physician office visits ( <i>Behavioral Health Treatment for Autism or Pervasive Development disorders require pre-service review</i> )	\$5/visit
<b>Smoking Cessation Program</b>	
	No copay

<sup>1</sup> Not applicable to the annual copay maximum

**This Summary of Benefits is a brief review of benefits. Once enrolled, members will receive the Combined Evidence of Coverage and Disclosure Form, which explains the exclusions and limitations, as well as the full range of covered services of the plan, in detail.**

**For additional information on limitations and exclusions and other disclosure items that apply to this plan, go to [https://le.anthem.com/pdf?x=CA\\_LG\\_HMO](https://le.anthem.com/pdf?x=CA_LG_HMO)**



# Modified Rx 19 Three Tier Prescription Drug Benefits

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**PLEASE NOTE: This is only a summary of your benefits. Please refer to your Combined Evidence of Coverage and Disclosure Form (“EOC”)/Certificate of Insurance (“Certificate”) which explains your plan’s Exclusions and Limitations as well as the full range of your covered services in detail.**

*At Anthem Blue Cross, we know that prescription drugs are the fastest-rising item of your total health care benefits cost. Reasons for the spiraling costs of prescription drugs are varied: a general increase of prescription medication use, an aging population, research and development of new medications and the expense of direct to consumer advertising. With prescription drug costs increasing at twice the rate of medical care, we developed ways to contain costs so your copays remain affordable, while maintaining your access to safe, effective prescription drugs. Our Prescription Drug Program provides you with choice, flexibility, affordability and access to an extensive network of retail pharmacies.*

### Getting a Prescription Filled at a Participating Pharmacy

To get a prescription filled, you need only take your prescription to a participating pharmacy and present your member ID card. The amount you pay for a covered prescription – your copay – will be determined by whether the drug is a brand-name or generic medication and whether it is a formulary or non-formulary medication.

A generic drug contains the same effective ingredients, meets the same standards of purity as its brand-name counterpart and typically costs less. In many situations, you have a choice of filling your prescription with a generic medication or a brand-name medication.

The formulary is a list of approximately 600 recommended brand and generic medications. These medications have undergone extensive review for therapeutic value for a particular medical condition, safety and cost. Copies of our formulary are furnished to your providers and are available online at [anthem.com/ca/](http://anthem.com/ca/) under the Pharmacy section. You or your provider may also contact our Pharmacy Customer Service at (800) 700-2541.

The following chart illustrates the relation between drug type and your copay amount at a participating pharmacy:

Drug Type	Copay Amount
Generic	\$0
Brand name formulary	\$10
Brand name non-formulary	\$40

### Finding a Participating Pharmacy

Because our huge pharmacy network includes major drugstore chains plus a wide variety of independent pharmacies, it is easy for you to find a participating pharmacy. You can also find a participating pharmacy by going to our website at [anthem.com/ca/](http://anthem.com/ca/).

### An Extensive Network

Besides saving you money, our extensive network of pharmacies offers you easy accessibility.

- In California there are over 5,100 retail pharmacies. This accounts for nearly 95% of retail pharmacies in the state, including all major chains.
- Nationwide there are more than 61,000 chain and independent pharmacies.

### Using a Participating Pharmacy

You can substantially control the cost of your prescription drugs by using our extensive network of participating pharmacies. Participating pharmacies have agreed to charge a discounted price or “negotiated rate” and pass along this savings to you.

### Using a Non-Participating Pharmacy

If you choose to fill your prescription at a non-participating pharmacy, your costs will increase. You will likely need to pay for the entire amount of the prescription and then submit a prescription drug claim form for reimbursement. The pharmacist must sign and complete the appropriate section of the claim form to ensure proper processing of the claim for reimbursement.

Members that submit claims from non-participating pharmacies are reimbursed based on a **limited fee schedule**. The fee schedule may be considerably less than the cost of the medication. You are responsible for paying any difference.

The following chart illustrates potential increased out-of-pocket expenses for going to a non-participating pharmacy:

	Out-of-pocket costs using a participating pharmacy	Out-of-pocket costs using a non-participating pharmacy
Pharmacy’s normal charge for brand-name formulary drug	\$50	\$50
You are responsible for:	\$10 copay	50% of the limited fee schedule plus any amounts exceeding the fee schedule up to \$250
<b>Total out-of-pocket expenses</b>	<b>\$10</b>	<b>Expense varies based on the cost of the medication</b>

You may obtain a prescription drug claim form by calling Pharmacy Customer Service at the toll-free number printed on your member ID card or by going to our website at [anthem.com/ca/](http://anthem.com/ca/).

### **Home Delivery Prescription Drug Program**

If you take a prescription drug on a regular basis, you may want to take advantage of our home delivery program. Ordering your medications by mail is convenient, saves time and depending on your plan design, may even save you money. Besides enjoying the convenience of home delivery, you will also receive a greater supply of medications. To fill a prescription through the mail, simply complete the Home Delivery Prescription form. You may obtain the form by calling Customer Service, at the toll-free number listed on your ID card or by going to our website at [anthem.com/ca/](http://anthem.com/ca/). Once you complete the form, simply mail it with your copay and prescription in the envelope attached to the Home Delivery brochure. Please note that not all medications are available through the Home Delivery Program. Specialty pharmacy drugs are not available through the home delivery program, see Specialty Pharmacy Program below.

### **Out-Of-State Prescription Benefits**

Our national network of participating pharmacies is available to members when outside California. To find a participating pharmacy, a member can check our Web site or call the toll-free number printed on the ID card. When using a non-participating pharmacy outside of California, the member will follow the same procedures for using a non-participating pharmacy in California as outlined above.

### **Additional Features That are Part of your Plan**

**Prior authorization** as the term implies, is similar to prior authorization for medical services. Prior authorization applies to a select pool of medications that are often a second line of therapy. To require prior authorization, a drug must meet specific criteria. This criteria is based, among other things, on FDA-approved drug indications, targeted populations and the current availability of effective drug therapies. Prior authorization drugs are not covered unless you receive an approval from Anthem Blue Cross.

We distribute instructions on how to obtain prior authorization to physicians and pharmacies so that you may obtain prior authorization for required medications. You may call Pharmacy Customer Service, at the toll-free number printed on your member ID card, to receive a prior authorization form and/or list of medications requiring prior authorization.

**Supply limits** are the proper FDA recommendations for prescription medication dosage coupled with our determination of specific quantity supply limits to prescription medications. Although our standard pharmacy plans offer a 30-day supply for medications at a retail pharmacy, the supply limit can vary based on the medication, dosage and usage prescribed by your physician. For example, the supply limit for antibiotics used to treat an infection (e.g., 14 pills to be taken twice a day for one week) is different than blood pressure medication taken on a routine basis (e.g., 120 pills to be taken twice a day for 60 days). By adhering to specified supply limits, members are assured of receiving the appropriate amount of medication.

### **Specialty Pharmacy Program**

Specialty medications are usually dispensed as an injectable drug, but may be available in other forms, such as a pill or inhalant. They are used to treat complex conditions. Prescriptions for a specialty pharmacy drug are covered only when ordered through the specialty pharmacy program unless you are given an exception from the specialty drug program (see your EOC for details). The specialty pharmacy program will deliver your medication to you by mail or common carrier (you cannot pick up your medication). You may have to pay the full cost of a specialty pharmacy drug if it is not obtained from the specialty pharmacy program. Specialty drugs are limited to a 30-day supply for each fill.

### **Programs for Member's Special Health Needs**

We recognize that some of our members have unique health care needs requiring special attention. That's why we developed programs exclusively for them. Our additional medical management programs work in synergy with our pharmacy drug program to help members better manage their health care on an ongoing basis.

**Diabetic members** can receive **free glucometers** so that they can effectively and conveniently monitor their glucose levels.

**Seniors** can better monitor their chronic diseases and multiple medications through our **seniors-at-risk program**. This program reduces the possibility of toxic drug interactions, and curtails distribution of medications that may adversely affect the senior's chronic condition.

**Asthmatic members** and their families can take advantage of our program to better control the frequency and severity of the disease.

**Members who take multiple prescription medications** can take advantage of our pharmacy utilization management programs that encourage the safe, effective distribution of prescription medications. We have a program that protects the welfare of members with multiple prescription medications by carefully monitoring their prescription therapy to help reduce the danger of toxic drug interaction. For additional information regarding your prescription drug benefits, please call Pharmacy Customer Service at the toll-free number printed on your member ID card. Please refer to your Combined Evidence of Coverage and Disclosure Form which explains your plan's Exclusions and Limitations as well as the full range of your covered services in detail.

Covered Services (outpatient prescriptions only)	Per Member Cost Share for Each Prescription or Refill
<b>Prescription Drug Coverage</b>	
This plan uses a National Drug List. Drugs not on the list are not covered.	
<b>Retail Pharmacy</b>	
➤ Preventive immunizations administered by a retail pharmacy	No copay
➤ Female oral contraceptives generic and single source brand	No copay
➤ Generic drugs	\$0
➤ Brand name formulary drugs	\$10
➤ Brand name non-formulary drugs <sup>1</sup>	\$40
➤ Compound drugs	\$10
➤ Self-administered injectable drugs, except insulin	20% of prescription drug covered expenses (maximum \$100 copay per fill)
<b>Home Delivery</b>	
➤ Female oral contraceptives generic and single source brand	No copay
➤ Generic drugs	\$0
➤ Brand name formulary drugs	\$20
➤ Brand name non-formulary drugs <sup>1</sup>	\$80
➤ Self-administered injectable drugs, except insulin	20% of prescription drug covered expenses (maximum \$100 copay)
<b>Specialty Pharmacy Drugs</b>	
<i>(obtained through specialty pharmacy program)</i>	
➤ Generic drugs	\$0
➤ Brand name drugs	\$10
➤ Brand name non-formulary drugs <sup>1</sup>	\$40
➤ Self-administered injectable drugs, except insulin	20% of prescription drug covered expenses (maximum \$ 100 copay per fill)
<b>Non-participating Pharmacies</b>	
<i>(compound drugs &amp; specialty pharmacy drugs not covered)</i>	
	Member pays: 50% of the remaining prescription drug covered expense & costs in excess of the maximum amount allowed up to \$250 per prescription
<b>Supply Limits<sup>2</sup></b>	
➤ Retail Pharmacy <i>(participating and non-participating)</i>	30-day supply; 60-day supply for federally classified Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double copay; 6 tablets or units/30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies); 90-day supply for eligible prescriptions obtained through a retail pharmacy, but will require a triple copay.
➤ Home Delivery	90-day supply
➤ Specialty Pharmacy	30-day supply

<sup>1</sup> When the member's physician has specified "dispense as written" (DAW) for non-formulary drugs, the copay for brand name formulary drugs will apply. When the member's physician has not specified DAW for non-formulary drugs, the higher copay will apply.

<sup>2</sup> Supply limits for certain drugs may be different. Please refer to the Evidence of Coverage and Disclosure form (EOC) for complete information.

**The Prescription Drug Benefit covers the following:**

- All eligible immunizations administered by a participating retail pharmacy.
- Outpatient prescription drugs and medications which the law restricts to sale by prescription.
- Formulas prescribed by a physician for the treatment of phenylketonuria. These formulas are subject to the copay for brand name drugs.
- Folic acid supplementation prescribed by a physician for women planning to become pregnant (folic acid supplement or a multivitamin prescribed by a physician).
- Aspirin prescribed by a physician for the reduction of heart attack or stroke prescribed by a physician.
- Smoking cessation products and over-the-counter nicotine replacement products (limited to nicotine patches and gum) as prescribed by a physician.
- Prescription drugs prescribed by a physician to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products.
- Insulin.
- Syringes when dispensed for use with insulin and other self-injectable drugs or medications
- All FDA-approved contraceptives for women, including oral contraceptives; contraceptive diaphragms and over-the-counter contraceptives prescribed by a doctor.
- Injectable drugs which are self-administered by the subcutaneous route (under the skin).
- Drugs that have Food and Drug Administration (FDA) labeling for self-administration.
- All compound prescription drugs that contain at least one covered prescription ingredient.
- Diabetic supplies (i.e., test strips and lancets).

- Prescription drugs for treatment of impotence and/or sexual dysfunction are limited to organic (non-psychological) causes.
- Inhaler spacers and peak flow meters for the treatment of pediatric asthma. These items are subject to the copay for brand name drugs.
- Certain over-the-counter drugs approved by the Pharmacy and Therapeutics Committee to be included in the prescription drug formulary.

**Prescription drug cost shares are included in the medical out-of-pocket maximum. See medical plan summary of benefits for details.**

# Prescription Drug Exclusions & Limitations

Hypodermic syringes &/or needles, except when dispensed for use with insulin & other self-injectable drugs or medications

Drugs & medications used to induce spontaneous & non-spontaneous abortions

Drugs & medications dispensed or administered in an outpatient setting, including outpatient hospital facilities and physicians' offices

Professional charges in connection with administering, injecting or dispensing drugs

Drugs & medications that may be obtained without a physician's written prescription, except insulin or niacin for cholesterol lowering and certain over-the-counter drugs approved by the Pharmacy and Therapeutics Committee to be included in the prescription drug formulary.

Drugs & medications dispensed by or while confined in a hospital, skilled nursing facility, rest home, sanatorium, convalescent hospital or similar facility

Durable medical equipment, devices, appliances & supplies, even if prescribed by a physician, except contraceptive diaphragms, as specified as covered in the EOC

Services or supplies for which the member is not charged

Oxygen

Cosmetics & health or beauty aids.

Drugs labeled "Caution, Limited by Federal Law to Investigational Use," or Non-FDA approved investigational drugs. Any drugs or medications prescribed for experimental indications

Any expense for a drug or medication incurred in excess of (a) the drug limited fee schedule for drugs dispensed by non-participating pharmacies; or (b) the prescription drug negotiated rate for drugs dispensed by participating pharmacies or through the mail service program

Drugs which have not been approved for general use by the State of California Department of Health Services or the Food and Drug Administration. This does not apply to drugs that are medically necessary for a covered condition.

Prescription drugs that introduce or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material, thus treating a disease or abnormal medical condition.

Over-the-counter smoking cessation drugs. This does not apply to medically necessary drugs that the member can only get with a prescription under state and federal law.

Drugs used primarily for cosmetic purposes (e.g., Retin-A for wrinkles). However, this will not apply to the use of this type of drug for medically necessary treatment of a medical condition other than one that is cosmetic.

Drugs used primarily to treat infertility (including, but not limited to, Clomid, Pergonal and Metrodin), unless medically necessary for another covered condition.

Anorexiant and drugs used for weight loss, except when used to treat morbid obesity (e.g., diet pills & appetite suppressants)

Drugs obtained outside the U.S., unless they are furnished in connection with urgent care or an emergency.

Allergy desensitization products or allergy serum

Infusion drugs, except drugs that are self-administered subcutaneously

Herbal supplements, nutritional and dietary supplements, except for formulas for the treatment of phenylketonuria.

Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent except insulin. This does not apply if an over-the-counter equivalent was tried and was in effective.

Compound medications obtained from other than a participating pharmacy. **Member will have to pay the full cost of the compound drugs if member obtains drug at a non-participating pharmacy.**

Specialty pharmacy drugs that must be obtained from the specialty pharmacy program, but, which are obtained from a retail pharmacy are not covered by this plan. **Member will have to pay the full cost of the specialty pharmacy drugs obtained from a retail pharmacy that member should have obtained from the specialty pharmacy program.**

## Third Party Liability

Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

Any service, drug, drug regimen, treatment, or supply furnished, ordered or prescribed by a provider identified as an excluded individual or entity on the U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (OIG List), the General Services Administration System for Award Management (GSA List), State Medicaid exclusion lists or other exclusion/sanctioned lists as published by Federal or State regulatory agencies. This exclusion does not apply to an emergency medical condition.

Hyperhidrosis Treatment. Prescription Drugs related to the medical and surgical treatment of excessive sweating(hyperhidrosis).

Clinical trial Non-Covered Services. Any Investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be a Covered Service under this Plan for non-Investigational treatments.

Growth Hormone Treatment. Any treatment, device, drug, service or supply (including surgical procedures, devices to stimulate growth and growth hormones), solely to increase or decrease height or alter the rate of growth.

**Please refer to the Certificate or EOC for details and complete list of exclusions and limitations. Exclusion does not apply to the medically necessary treatment as specifically stated as covered in the EOC/Certificate.**

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